

**Master of Religion  
in  
Middle Eastern and North African Studies  
(MRel in MENA Studies)**



**Application for Financial Aid**

\*Note: Completion of this application does not guarantee any award of financial aid. As funds are limited, financial aid will be awarded on a needs and availability basis. Also, as financial assistance is module-specific, students who receive assistance for one module will need to reapply for each module.

**Information on Applicant**

**Full Legal Name** (Last/First/Middle or Father's): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Gender:**            Male                      Female

**Marital Status:**    Single                      Married                      Other (Please Specify): \_\_\_\_\_

**Date of Birth** (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            **Place of birth:** \_\_\_\_\_

**Nationality** (You may list more than one separated by a comma): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone** (Country Code – Phone #): \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Work (if any)**

Employed

Self-employed

Unemployed

**Start Date at Current Employment** (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Institution/Employer's Name:** \_\_\_\_\_

**Institution/Employer's Address:** \_\_\_\_\_

**Information on Spouse of Applicant**

*If married, please complete this section.*

**Spouse's Full Legal Name** (Last/First/Middle or Father's): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Spouse's Date of Birth** (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**is:**

Employed

Self-employed

Unemployed

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**If Employed, Spouse's Position and Title:** \_\_\_\_\_

**Institution/Employer's Name:** \_\_\_\_\_

**Institution/Employer's Address:** \_\_\_\_\_

**Spouse's Work Phone** (Country Code – Phone #): \_\_\_\_\_ - \_\_\_\_\_

**Spouse's Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Number of children (if any; please separate each child's name with a comma and include ages):**  
\_\_\_\_\_

**Annual Immediate Family Income** (in US Dollars): \$ \_\_\_\_\_ (in local currency): \_\_\_\_\_

(The source of income of the family, or individual in the case of fully financially independent applicants, must be specified even in the case of unemployment. If the income is not reported the application will be considered incomplete.)

**Annual Expenses** (in US Dollars): \$

- Housing: \$
- School tuition for children: \$
- Other: \$

**In addition to your annual immediate family income what personal financial resources do you intend to use toward your MRel studies?** Please describe and state the amount. \_\_\_\_\_

**Have you applied for or are you receiving any other external financial aid that will be used to finance your MRel studies?** If so, please state the source and amount. \_\_\_\_\_

How Much Financial Aid are you requesting (in Dollars)?

I certify that the answers to the questions in this document and the statements on the previous pages were completed by me and are, to the best of my knowledge and belief, true, complete and correct. (I understand that any misrepresentations or material omission made on this form may invalidate this application and cancel any aid awarded to me at any time). I also authorize investigation of all statements contained herein.

Any missing or false information in the application will jeopardize the applicant's financial aid status. The application will also be considered incomplete if the applicant refuses to provide any document requested.

**Date** (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_